ATTORNEY DOCKET NO .: P-9632 Express Mail EL 799 066 295 US

-04-0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: 85

> П П

Condie et al. IMPLANTABLE MEDICAL DEVICE (IMD) SYSTEM CONFIGURABLE TO SUBJECT A PATIENT TO A STRESS ETST AND TO DETECT MYOCARDIAL ISCHEMIA WITHIN THE PATIENT CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and

the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 2023. "EXPRESS No. EL 799 066 295 US, on this ___ 31st day of August Sue McCoy

Printed Name T sioner for Patents BOX PATENT APPLICATION Washington, D.C. 20231 Sir We are transmitting herewith the attached: х Patent Application Transmittal х Specification: Total pages: 50_(including claims and abstract: Spec. 35_ sheets; Claims 14_ sheets; Abstract_1 х Total sheets: 21 ☐ formal Combined Declaration and Power of Attorney: (UNEXECUTED) newly executed copy from prior application CITTERD CANADA Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. Accompanying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard IF A CONTINUING APPLICATION: П Continuation ☐ Divisional Continuation-in-part (CIP) of prior application No. Amend the specification by inserting before the first line the sentence: This application is a _ continuation division continuation in part of application number _____, filed _ П Cancel in this application original claims of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to:

Medtronic, Inc., MS 301 7000 Central Avenue NE Minneapolis, Minnesota 55432 phone: (763)514-6402 filed

| FEE CALCULATION | No. of Claims Filed | Claims Included in Base Fee | No. of Extra Claims | Rate | Fee |
|------------------------------|------------------------|--------------------------------|---------------------------|-------|------|
| Total Claims | 78 | 20 = | 58 | x 18 | 1044 |
| Independent Claims | 9 | 3 = | 6 | x 80 | 480 |
| Multiple Dependent Claims | 0 | | 0 | + 270 | 0 |
| Basic Filing Fee | | | | | 710 |
| | | | | TOTAL | 2234 |

Charge Deposit Account No. 13-2546 the sum of \$2234.00 (Filing Fee) for a total of \$2234.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

31/01

Girma Wolde-Michael, Reg. No. 36,724 MEDTRONIC, INC. 7000 Central Avenue N.E.

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